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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # N97000002769

Corporation Name  
**CORAL SPRING GARDENS ASSOCIATION, INC.**

Place of Business Mailing Address  
 NW 104TH AVE 3550 NW 104TH AVE  
 SPRINGS FL 33065 37 CORAL SPRINGS FL 33065  
 US

Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
26	26	05/14/1997
Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
27	27	59-1510767
State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
28	28	
Country	Zip	Country
25	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRANK NW 104TH AVE SPRINGS FL 33065		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
<b>OFFICERS AND DIRECTORS</b>		
P JOHNSON, FRANK R 3550 NW 104TH AVE CORAL SPRINGS FL 33065	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
VP SWIDERSKI, WALTER 3550 NW 104TH AVE CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
SD LIPSETT, WINFRED 3550 NW 104TH AVE CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> DELETE	1.2 NAME
TD LERCH, HERBERT 3550 NW 104TH AVE CORAL SPRINGS FL 33065	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
D CONNORS, ELOISE 3550 NW 104TH AVE CORAL SPRINGS FL 33065	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME
		2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP
		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME
		3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME
		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank R. Johnson* pres 1-26-99 (954) 7553415  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)